

Case Number

## Type of Application

- ☐ Temporary    ☐ Interim    ☐ Renewal    ☐ Revision    ☐ Staff Approval    ☐ Standard    ☐ Administrative
- ☐ Conditional Use Permit    ☐ Preliminary Development Plan    ☐ Final Site and Building Plan    ☐ Ordinance Amendment  
☐ Rezoning    ☐ Final Development Plan    ☐ Comprehensive Plan Amendment    ☐ Sign Design  
☐ Subdivision    ☐ Variance    ☐ Other \_\_\_\_\_

## Site Location ☐ Additional Addresses on Back ☐ Legal Description Attached

|         |     |             |           |
|---------|-----|-------------|-----------|
| Address |     | Common Name |           |
| PIN     | Lot | Block       | Plat Name |

## Proposal *Full Documentation Must Accompany Application*

## Complete All Applicable Sections — Select Only ONE Person as Primary Contact

|  |                       |             |             |
|--|-----------------------|-------------|-------------|
| <input type="checkbox"/> <b>Primary Contact</b><br><br>Fee Property Owner<br><br><input type="checkbox"/> <b>Required</b><br><br><input type="checkbox"/> <b>Additional Owners on Back</b> | Business Name/Name    |             |             |
|  | Mailing Address       |             |             |
|  |                       |             |             |
|  | City                  | State       | Zip+4       |
|  | Daytime Phone (     ) | Ext (     ) | FAX (     ) |
|  | Typed or Printed Name |             | Title       |
|  | Signature             |             |             |

|  |                       |             |             |
|--|-----------------------|-------------|-------------|
| <input type="checkbox"/> <b>Primary Contact</b><br><br>User/<br>Occupant | Business Name/Name    |             |             |
|  | Mailing Address       |             |             |
|  |                       |             |             |
|  | City                  | State       | Zip+4       |
|  | Daytime Phone (     ) | Ext (     ) | FAX (     ) |
|  | Typed or Printed Name |             | Title       |
|  | Signature             |             |             |

**NOTE: Applications only accepted with ALL required support documents. See Instructions.**

Deadline for Agency Action

60 Days: \_\_\_\_\_  
 120 Days \_\_\_\_\_ ☐ Notice Sent  
 Waiver Received: \_\_\_\_\_

## SHADED AREAS ARE FOR OFFICE USE ONLY

|                                 |   |  |
|---------------------------------|---|--|
| <b>Applic. Rec'd.:</b>          | Date                                      | By   |
| <b>Review:</b>                  | Date                                      | By <input type="checkbox"/> PC <input type="checkbox"/> CC <input type="checkbox"/> HE |
| <b>Fee Paid:</b>                | Date                                      | \$   |
| <b>Administrative Approval:</b> | Date                                      | By   |
|                                 | <input type="checkbox"/> Comm. Dev't Dir. | <input type="checkbox"/> Planning Div. Manager   |
|                                 | <input type="checkbox"/> _____            |  |

# DEVELOPMENT Application

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|   |   |            |               |
|---|---|------------|---------------|
| <input type="checkbox"/> <b>Primary Contact</b><br><br>Additional Parties | <input type="checkbox"/> Architect <input type="checkbox"/> Engineer <input type="checkbox"/> Attorney <input type="checkbox"/> Developer <input type="checkbox"/> Property Manager<br><input type="checkbox"/> Surveyor <input type="checkbox"/> Contractor <input type="checkbox"/> Designer <input type="checkbox"/> Realtor <input type="checkbox"/> Other: |            |               |
|   | Business Name/Name  |            |               |
|   | Mailing Address   |            |               |
|   |   |            |               |
|   | City  | State      | Zip+4         |
|   | Daytime Phone (    )  | Ext (    ) | FAX (    )    |
|   | Typed or Printed Name   |            | Title         |
|   | Signature   |            |               |
| Additional Addresses and Owners   |   |            |               |
| Fee Property Owner  | Property Street Address   |            | Property ID # |
|   | Business Name/Name  |            |               |
|   | Mailing Address   |            |               |
|   |   |            |               |
|   | City  | State      | Zip+4         |
|   | Daytime Phone (    )  | Ext (    ) | FAX (    )    |
|   | Typed or Printed Name   | Title      | Signature     |
| Fee Property Owner  | Property Street Address   |            | Property ID # |
|   | Business Name/Name  |            |               |
|   | Mailing Address   |            |               |
|   |   |            |               |
|   | City  | State      | Zip+4         |
|   | Daytime Phone (    )  | Ext (    ) | FAX (    )    |
|   | Typed or Printed Name   | Title      | Signature     |
| Fee Property Owner  | Property Street Address   |            | Property ID # |
|   | Business Name/Name  |            |               |
|   | Mailing Address   |            |               |
|   |   |            |               |
|   | City  | State      | Zip+4         |
|   | Daytime Phone (    )  | Ext (    ) | FAX (    )    |
|   | Typed or Printed Name   | Title      | Signature     |

**Use Additional Sheets or Copy Form for Additional Properties**